

KARL F. DEAN
MAYOR



Internal Control # _____

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

Transportation Licensing Commission
1417 Murfreesboro Road
P.O. Box 196300
Nashville, Tennessee 37219-6300
615-862-6777 Fax: 615-862-6765

CONSUMER COMPLAINT
(Revised January 2008)

Complainant _____ Date _____
Address _____ City/State/Zip _____
Daytime Telephone _____ Evening Telephone _____
Fax _____ Email _____

Nature of the Complaint _____
Date/Time of the Incident _____
Location of the Incident _____
Description of the Incident (Use reverse or additional sheets, if needed) _____

Describe the vehicle/operator involved (if applicable) _____

License Number _____ Taxicab/Wrecker Number _____
Company Name _____

Signature _____ Date _____
(Form must be signed, or it will not be processed)

Return Form to Commission Address shown above